

Why Do Inpatient Patients Decide To Outpatient In Covid-19 Pandemic?

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ABSTRACT

This study aims to find out why patients who have an alternative inpatient, decide to choose outpatient care at Sinar Kasih Hospital Purwokerto. This study uses descriptive approach, a methodology that aims to determine the factors that influence the patient's decision to choose outpatient care. The participants in this study were doctors, nurses and patients in the Emergency Room (ER). By using qualitative methods, in-depth interviews were conducted with 1 ER doctor on duty who is the Head of Service Division, 1 chief and 5 ER staffs, 5 participating patients in the ER. validity data tested using the triangulation method. The results showed that the main factor considered by inpatient patients to choose inpatient service care is the reluctant to follow procedures during covid-19 pandemic (refuse to be SWAB tested). Besides, some inpatient patients with covid-19 decide to become outpatient because the limited number of bed availability.

Keywords: *Emergency Room Patients, Inpatients, Outpatients*

1. Introduction

Health services are the embodiment of the rights of citizens as stated in the 1945 Constitution of the Republic of Indonesia. Health services consist of two elements, namely the service provider in this case the hospital and the patient receiving the service or undertaking health efforts in this case. Starting from a polyclinic, in 1996 Sinar Kasih Purwokerto was upgraded to Hospital type D class. In 2019 Sinar Kasih Hospital passed Accreditation with Plenary results. The hospital is located on Jalan Martadireja II Purwokerto, and is a private hospital with outpatient and inpatient services. Data for 2020 shows that the number of beds provided for inpatients is 54 beds consisting of 41 beds for non-covid-19 patients or general patients, 11 beds for Covid-19 patients and 2 beds for transit patients who are still waiting for results polymerase chain reaction (PCR) test.

The service quality of a hospital is very important as an indicator of the effectiveness of an organization. Research results from Baldauf et al. (2001) shows that the efforts of employees in establishing relationships with customers will increase the achievement of the results obtained by these employees which in turn will contribute to organizational effectiveness. In health services, there has been a change in the concept of health services where previously the relationship between doctors and patients was a vertical relationship or a paternalistic trust relationship. Doctors were

perceived to have a higher position than patients because considered to have better knowledge in making the best decisions for the patient. This causes the patient to completely surrender to the doctor and does not dare to express the problems they experience during the treatment process in the form of a complaint. However, currently the relationship between doctors and patients in health services has turned into a horizontal contractual relationship with the concept of shared decision making or joint decision making, where patients and doctors have the same position and patients become the focus of service, share the best available information and prioritize considerations. and opinions of patients in the treatment process (Kaba & Sooriakumaran, 2007).

Average Bed Occupancy Rate (BOR) is another indicator of hospital effectiveness and performance which states the percentage of bed use in one unit. This indicator provides an overview of the bed utilization rate in the hospital (Siyoto & Tule, 2019). Sinar Kasih Purwokerto Hospital BOR continued to decline from 2019 to mid 2021.

2. Literature Review

2.1. Hospital

According to the Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals, hospitals have the task of providing complete individual health services. Plenary health services are health services that include promotive, preventive, curative and rehabilitative health services. General hospitals are classified based on the facilities and service capabilities of the hospital, namely class A, class B, class C and class D general hospitals.

2.2. Coronavirus Disease 2019

Indonesia is currently experiencing a burden in overcoming the COVID-19 disease if the infected person is a person suffering from a degenerative disease. On March 2, 2020 there were 2 cases of COVID-19 in Indonesia and it was reported for the first time. There were 6,760 confirmed cases, 590 cases died (8.7%), 747 cases recovered (11.1%) 5,423 cases under treatment (80.2%) were recorded as of April 20, 2020. This case makes old activities that are habits turn into new activities. There is a lot of unreliable information from social media that has caused stigma to people with COVID-19, which we all know that this disease is very contagious and there is no cure. (Abudi et al., 2020). The current pandemic, as experienced by the health crisis other societies recently, such as acute respiratory syndrome severe cases (SARS) or Ebola, causing negative psychological effects in the population, not only because of fear of infection, but usually also because the Government is implementing isolation measures and quarantine to prevent the spread of disease. Activity such a forced house limits freedom, routine and rhythms of conventional life and involve separation coercion from family and friends that causes increased uncertainty about the unknown, and a feeling of complete loss of control. Fear of stigmatization and financial loss can substantially increase this emotional in population (Valdés-Flórido et al., 2020).

2.3. Special Overview of Services in the Emergency Room

The Emergency Room is the outpatient department which is also the leading service part of the hospital because its activities last for 24 hours, so it is the unit that is visited by the most patients. Visits to the emergency room at each hospital tend to continue to increase. And has a work team with special abilities and equipment, which provides emergency patient services, and is a series of

organized emergency patient management efforts. (Septiani, 2016). The low utilization of hospital beds indicates that the hospital needs to carry out a marketing strategy social. Segmentation of health service users is one strategy to define needs user. This study aims to determine the relationship between user segmentation and the decision to choose inpatient services in hospitals. Hospitals as service providers are required provide excellent service at affordable prices, and must compete with service providers other services. One of the causes of the low utilization of hospitalization is the lack of social marketing strategies. In market segmentation marketing management, it is one of the strategies to define market needs or target users of health services. Segmentation of service users or health service targets is the process of dividing users into groups that have the same behavior needs (Handayani et al., 2017).

2.4. Patient

The frequent emergency room visitors perceive pain or other symptoms as a threat to life or to personal autonomy. Irrespective of whether or not the patients relate their health problems to a traumatic event, overwhelming anxiety compels them to seek urgent help. frequent emergency room visitors are in need of urgent care. It is particularly important to these patients that the personal meaning they attach to their symptoms is attended to and respected by the emergency room staff. Repeated visits may frustrate the staff at busy emergency room, as these patients complaints are often judged as non-urgent and inappropriate for emergency room care, causing prolonged waiting times. Frequent visitors may also run a risk of fragmented care or of over treatment because they are seen by many different doctors. This risk may be particularly high in Swedish emergency room where emergency medicine is not a distinct specialty, but where doctors from the respective hospital departments staff the emergency room sections on a rotating basis (Olsson & Hansagi, 2001).

3. Research Objectives and Research Questions

During a pandemic, business must be able to adapt to carry out the right strategy (Kraus et al., 2020). There is an interesting phenomenon during the Covid-19 pandemic, hospitals experienced a decrease in the number of inpatient patients, while visits to emergency room increased. Therefore, this study aims to analyze the strategy of the emergency room at Sinar Kasih Hospital inpatient care. To focus on exploratory research, the research questions for this study are:

What is the strategy applied by the "Sinar Kasih Hospital Emergency Unit" in increasing inpatient patients number during the Covid19 pandemic?

4. Research Methodology

This research is a research procedure that produces descriptive data in the form of written or spoken words and behaviors of respondents. Descriptive research is a form of research aimed at describing existing events or phenomena, both natural phenomena and human engineering (Moleong: 2000:13). The purpose of this study was to analyze the causes of patients having alternative inpatients service, choosing outpatient services at Sinar Kasih Hospital.

In this study, primary data sources obtained from interviews, emergency room patient data, review of emergency room resource performance, observation, and Focus Group Discussion. While the secondary data sources in this study were medical record data and emergency room administration documentation.

According to Arikunto (2002: 134), understanding data collection techniques are ways that can be used by researchers to collect data, where the method shows an abstract, cannot be realized in visible objects, but can be shown its use. Data collection techniques in this study were carried out using the following methods:

- The interview method is a conversation with a specific purpose carried out by two parties, namely the interviewer who asks questions and the interviewee who gives answers to questions (Moleong 2000: 135). In this study, the researcher asked questions to related parties to the head and staff of the emergency department, the doctor on duty and the patient of the emergency room.
- B The Focus Group Discussion method is a research data collection method with the final result providing data derived from the interaction of a number of research participants, as are generally other data collection methods. In this method, researchers will conduct discussions with emergency room staff in groups that focus on patient management.
- C Documentation method, comes from the word document which means written goods. In the implementation of the documentation method, the researchers recorded the number of patients, standard operating procedures for the emergency room (Arikunto: 2002:149).
- D Observation method or observation can be interpreted as systematic observation and recording of the symptoms that appear on the object of research. This observation uses participatory observation, where the researcher is directly involved with the daily activities of the person being observed and which is used as a source of research data (Sugiono:2006:310).
- E The validity of the data in this study was determined by using the credibility criteria. To obtain relevant data, the researcher checks the validity of the data generated by triangulation. Triangulation in credibility testing is defined as checking data from all sources in various ways, and at various times. Thus there is triangulation of sources, triangulation of data collection techniques, and time. In this case, the researchers compared the data from observations, interviews, focus group discussions, and documentation studies. The document used for validation testing is the Standard Operating Procedure issued by the Sinar Kasih Hospital.

Based on the description of the methodology above, the researcher made a list of questions developed into a discussion theme in the focus group discussion. This question is addressed to the Head and Staff of the Emergency Room and the Doctor in Charge of Service and the Patient.

List of Questions for Sinar Kasih Hospital Chiefs and Emergency room Staff

- What the main problems of emergency room patient care? Explain !
- Why did this problem arise?
- What is the role of management in this problem?
- Is there a quality system for patient care?
- Why do alternative inpatients choose outpatient care?

List of Questions for Doctors on Care of Emergency Services

- What is the reason the patient has an alternative inpatient, can choose outpatient care ?
- What if the patient is going to be hospitalized?
- How would you react if you found that a patient was infected with COVID-19?
- Do you have a tendency for outpatients or refer to other hospitals?"

List of Questions for Emergency Room Patients

- 8 How comfortable is the emergency room (waiting room)
- 9 How is the speed of the nurse's response to the patient's needs?
- 10 Compatibility of the type of drug and the amount of drug received with the prescribed drug
- 11 Emergency service queue speed
- 12 Clarity of doctors in providing information about diseases related to outpatient or inpatient
- 13 Ease of administrative settlement

18 RESULTS AND DISCUSSION

Interview Process and Characteristics of Interview Subjects

Before extracting information through focus group discussions, researchers conducted interviews with three data sources (informants), the first informant was the head and the emergency room staff who run the management system in the emergency room, the second informant was a doctor in charge of the patient who already has a bond of service at Sinar Kasih Hospital for more than 5 years, the third is a patient or family of an emergency room patient.

4.1. Interviews with the head and staff of the emergency department

This interview was conducted by the researcher with the head and staff of the emergency room. The head of the emergency room is a nurse who works as a nurse, who is in charge of carrying out all the functions of the emergency room within the scope of the emergency room.

List of Questions and Answers with the Chief and Emergency Room Staff

- What and explain the problem of emergency room patient care?

"Communication of the emergency room doctor with the doctor in charge of the patient has not been harmonious, the guidelines are not clear on the criteria for inpatient admission, the sudden change in regulations regarding inpatient procedures, it takes time because it must be PCR and chest X-ray first, to ensure Covid or non-Covid, the costs charged to patients when they have to be PCR independently are the patient's consideration."

- Why did this problem arise?

"There is no mutual agreement in the form of guidelines or hospital policies, the background character and knowledge of different human resources, during the current pandemic, patient screening must really be carried out, to anticipate being missed by positive Covid patients after being hospitalized so that doctors the person in charge of the patient recommends PCR at personal expense first, the doctor in charge of the patient is

too self-protective and selfish, it is better to see the patient's case first and transfer it to the doctor on duty emergency room"

- What is the role of management in this problem?

"For patients who are indicated to be Covid because they don't have their own PCR equipment, Management is seeking cooperation with hospitals that have PCR equipment and the results are fast. Non-covid patients will still be screened before being hospitalized. The management also increased the number of beds but not many because they needed other infrastructure and limited oxygen cylinders, the hospital was still type D, so the number of beds and other supporting facilities was limited, and specialist doctors were still limited."

- Why do alternative inpatients choose outpatient care?

"Patients don't want to do a swab first so they choose outpatient, inpatient rooms for patients with indications of COVID-19 are full, there is free time where specialist doctors are associated with the patient's illness. hospitalization so that the patient is self-isolating or outpatient, Because The results of examinations and laboratories that are not yet supportive for concurrent and every doctor on duty emergency room have their own criteria for multiple patients (not the same perception) .

Based on the results of the interviews with the Chief and Emergency Room Staff, some conclusions can be drawn as follows:

- 7 The emergency room has not been able to enter alternative patients for hospitalization quickly because it takes time to wait for the results of the PCR swab regarding Covid-19 or non-Covid-19 patients. This is because we do not yet have a PCR tool so Management is looking for a solution to seek cooperation with hospitals that have PCR equipment
- 8 Screening of patients who must be careful so that patients do not miss entry and can claim treatment costs for Covid-19 patients to the Ministry of Health (Kemenkes)
- 9 The need to upgrade the type of hospital from type D to type C so that the availability of beds and other facilities is more complete, and specialist doctors are also increased to be able to treat all patients who come in full.
- 10 There is a special guideline as a joint reference for both doctors and nurses and the doctor in charge of the patient to include inpatients.

4.2. Interview with emergency room doctor

This interview was conducted by the researcher with one of the doctors on duty in the emergency room who has full-time working hours.

List of Questions and Answers with the emergency room doctor

- 5 What are the reasons why outpatient emergency room patients are not hospitalized?

"Patients object to personal costs, are not willing to wait for the results of the swab in the isolation room, the patient is afraid to be swab, because it is based on the diagnosis and after being consulted to a specialist doctor, the patient will be treated as an outpatient"

6 What if the patient is going to be hospitalized?

"The patient comes to register and then checks for triage, is examined by a doctor and if it is declared hospitalized, laboratory and swab checks and chest X-rays are carried out, then the consultation of the doctor in charge of the patient, after the patient is approved for hospitalization, the patient or family registers a room and then the patient is admitted to inpatient care. The initial step of screening is an antigen swab and a chest X-ray, if the results are negative and good, then you can be hospitalized, if the antigen swab is positive, then continue with the PCR swab and to wait for the results, if the patient is not in a bad condition, he will be sent home first and if the patient's condition is bad then wait for the results. PCR in the transit room"

7 How would you react if you found out that a patient was infected with COVID-19?

"Screening was carried out and the patient entered the isolation room in the emergency room to wait for the results of the PCR, chest X-ray and other supporting examinations"

8 Is there a tendency for outpatients or referrals to other hospitals?"

"Yes, if the number of Covid patients and inpatient rooms is limited for Covid patients, if they are full, the patient is referred to another hospital with an inpatient room for Covid patients, or if there are none, the patient is self-isolating. The limited oxygen supply is a consideration for the patient to be outpatient. There is no understanding between the doctor on duty and the doctor in charge of the patient so that they are sent home or outpatient"

Based on the results of interviews with the emergency room doctor, the following conclusions were obtained:

- 5 That the decision of an inpatient needs to be consulted from the doctor on duty in the emergency department to a specialist regarding the patient's diagnosis.
- 6 Doctors on duty before entering patients with alternative hospitalizations must really be screened for Covid or non-Covid patients
- 7 It is necessary to add beds and other supporting facilities, as well as complete specialist doctors to become a Type C hospital, so that it can meet the needs of patients.

List of Questions and Answers for Emergency Room Patients

- How comfortable is the emergency room waiting room

"The waiting room is comfortable, there are seats, TV facilities, ATMs and near the toilets.

The difficulty in the waiting room is still too narrow because the registration area for emergency room patients and polyclinic patients is in one place"

- How fast is the response of nurses and doctors on duty to patient needs?
 “Nurses respond quickly, only when there are a lot of patients waiting because there are only two emergency room nurses.
 What is unsatisfactory is that there are doctors who come not according to the practice schedule”
- Compatibility of the type of drug and the amount of drug received with the prescribed drug
 “medicine according to prescription.
 There are doctors who cannot use health insurance (BPJS) so the medicine is at their own expense”
- Emergency service queue speed
 “Quick queue according to patient emergency
 Doctors and nurses are quite careful about the condition of the patient who comes first.”
- Clarity of doctors in providing information about diseases related to outpatient or inpatient
 “The doctor clearly provided information, although at this time it is quite difficult to be hospitalized, there must be a long process by doing a swab first and several other examinations”
- Ease of administrative settlement
 “Easy and clear administration, only not all cases can use health insurance”

Based on the results of interviews with emergency room patients, the following conclusions were obtained:

- 6 Patients feel comfortable with the facilities in the emergency room, but it will be more comfortable if the place for registration of patients in the emergency room and the patient polyclinic is separated.
- 7 Patients are also satisfied with the fast service of nurses in the emergency room
- 8 The arrival of the doctor on duty for the emergency unit to be right according to the existing schedule
- 9 The suitability of the drug given to the patient with a doctor's prescription
- 10 Fast queue according to patient emergency
- 11 The doctor's clarity in providing information, even though some are not according to the patient's wishes due to limited infrastructure at Sinar Kasih Hospital
- 12 Easy and clear administration.
- 13 Not all cases in the emergency room can be covered by health insurance.
- 14 Inpatient procedure is not fast

Figure 1. FGD process



Figure 1, the FGD process with the doctor on duty and the Head of Service Division, the Head of the Emergency Room, the representatives of the Emergency Room Nurses to discuss the reasons for many outpatients and find solutions to increase patients to inpatient care and maximize the use of the patient's health insurance.

Table 1. RSSK BOR data for year 2021.2020.2019

Medical record data source

Month	2021 BOR (%)	Year 2020 BOR (%)	Year 2019 BOR (%)
January	32.13	55.42	80.71
February	30,50	52.48	81.57
March	34.26	42.06	80.45
April	40.07	21.93	67.07
May	33.03	29.35	65.23
June	23.87	41.20	46.93
July	22.71	52.06	50.71
August	20,13	49.03	58,90
September	24,00	33.60	57.67
October		43.03	63.23
November		47.27	68,20
December		37.68	68.13
Average		42.1	65.67

Table 1 explains that the BOR of Sinar Kasih Hospital from 2019 before the Covid-19 pandemic was an average of 65.67%. This achievement still meets the standards of the Ministry of Health-2005. In 2020, entering the March pandemic, BOR began to decline, and had increased in July. However, due to the increase in Covid-19 patients, the impact on the number of hospitalized patients has decreased. This will continue until September 2021 with the lowest BOR of 24.00%, which means that the number of hospitalized patients is very small.

Table 2. Data on the Number of Emergency Room Patients in 2021, 2020, 2019

Medical record data source

Month	Number of Patients			false			True			Inpatient		
	2021	2020	2019	2021	2020	2019	2021	2020	2019	2021	2020	2019
January	727	841	866	109	406	166	618	435	700	182	299	478
February	573	682	997	106	249	237	467	433	760	152	255	414
March	498	904	777	119	549	120	379	355	657	167	241	400
April	660	634	655	201	205	98	459	429	557	201	83	383
May	805	749	602	352	172	57	453	577	545	171	139	320
June	792	731	518	420	51	51	372	680	467	157	225	255
July	10001	785	567	602	83	162	396	702	405	102	216	256
August	287	777	551	21	25	151	266	752	400	90	217	274
September	524	631	571	204	83	172	320	548	399	151	196	276
October		586	740		67	187		519	553		211	272
November		806	951		86	274		720	677		245	277
December		850	1010		100	193		750	817		260	281
Amount		8976	8805		2076	1868		6900	6937		2587	3886
Average											37.49%	56.02%

Table 2 of the time during the COVID-19 pandemic explains the data on the number of emergency room patients in 2020 and 2021 which has increased. However, hospitalizations have decreased. This is due to the screening of emergency room patients for inpatients with indications of COVID-19 must be accompanied by swab results and chest X-rays. In addition to this, Covid-19 patients who enter the criteria for hospitalization must be supported by the presence of beds and complete facilities for Covid-19 patients. If not available, the patient is referred to another hospital with available beds and other supporting facilities. Emergency room patient data in 2019. The number of inpatients is 56.02%, screening for inpatients is faster because there is no covid-19 pandemic.

19 Discussion

This study found that there was a positive influence between the results of the doctor's examination, facilities and the availability of infrastructure including beds for patients with Covid-19 indications. The low utilization of hospital beds indicates that the hospital needs to carry out a marketing strategy social. Segmentation of health service users is one strategy to define needs user. This study aims to determine the relationship between user segmentation and the decision to choose inpatient services in hospitals. Hospitals as service providers are required provide excellent service at affordable prices, and must compete with service providers other services. One of the causes of the low utilization of hospitalization is the lack of social marketing strategies (Handayani et al., 2017).

The patient was afraid to be swab and objected to the before entering the hospital. The patient was also not willing to enter the temporary isolation room to wait for the PCR results. Inpatient care for

non-Covid-19 patients has decreased, this has caused inpatient BOR to continue to decline even though patient visits to the emergency room at Sinar Kasih Hospital have increased.

20 Conclusion

Hospitals as service providers are required provide excellent service at affordable prices, and must compete with service providers other services so that patient the decision to choose inpatient services in hospitals.

The doctor clearly provided information, although at this time it is quite difficult to be hospitalized, there must be a long process by doing a swab first and several other examinations.

The availability of special beds for COVID-19 patients and supporting facilities is still limited to only 11 beds, so the number of inpatients for COVID-19 becomes outpatient.

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